

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037104

STATE FILE NUMBER

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

330

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0808

2 0650

3

4 0

5 0

6

7 0

8 2

9 490X

10

11

12 1-2

13 1-0

USE BLACK INK
OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED SEP 30 1963

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Tipton	
Length of stay in 1b 30 minutes		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If outside, give location) 421 East Randolph	
3. NAME OF DECEASED (Type or print) First Howard Middle Glen Last Homan		4. DATE OF DEATH Month September Day 23rd Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/23/59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY At home	9. AGE (last birthday) 3 yrs.
11. BIRTHPLACE (City and state or country) Sedalia, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME David Lee Homan		13b. MOTHER'S MAIDEN NAME Mary Howard	
14. NAME OF HUSBAND OR WIFE David Lee Homan (Father)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. ---		17. INFORMANT David Lee Homan (Father)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peripheral Circulatory Failure DUE TO (b) Extreme Toxemia DUE TO (c) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 12 hrs 12 hrs. 24 hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Influenza		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour --- a.m. --- p.m. --- Month, Day, Year ---		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Box 88, Otterville, Mo.	
20g. COUNTY ---		20h. STATE ---	
21. I attended the deceased from 9/22/63 to 9/23/63 and last saw him alive on 9/23/63 Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. O. Benton (Degree or title)		22b. ADDRESS Box 88, Otterville, Mo.	
22c. DATE SIGNED 9/23/63		22d. SIGNATURE Francis H. Anderson	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/24/63	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		23d. LOCATION (City, town, or county) (State) 5 miles S.W. Syracuse, Mo	
24. FUNERAL DIRECTOR James E. Richardson		25. DATE RECD. BY LOCAL REG. Sept 24, 1963	

(Licensed Physician's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed

Jessie E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).
 If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.
 If this body is not embalmed, fact should be so stated above.